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Services for Students with Disabilities

Documentation of Psychological/Psychiatric Disability
Confidential

TO BE COMPLETED BY STUDENT:

I hereby authorize _____ to
Release to and discuss with the Rider Services for Students with Disabilities Office
the information specified below.

Signature: _____ Date: _____

To ensure the provision of reasonable and appropriate accommodations for
students with psychological or psychiatric disorders at Rider University, **this
form must be completed by a licensed mental health professional (e.g.
psychiatrist, psychologist, LCSW).**

TO BE COMPLETED BY PROFESSIONAL:

Name of Student: _____ Date of Birth: _____

DSM V diagnosis and code: _____

Date student was last seen: _____

- 1) Please summarize student's current psychiatric / psychological status and attach relevant assessment data (including clinical interview, results of psychological/psychiatric evaluation, and standardized test scores), if applicable:

2) Please indicate student's current symptoms, likely impact on academic functioning in a college setting, and recommended academic accommodations:

Symptoms: _____

Functional Limitations: _____

Recommended Academic Accommodations: _____

3) Please identify any treatment in which the student is currently involved.

4) Please list all currently prescribed medication and any side effects which may impact the student's academic functioning or any other area of the student's college life.

5) What other information do you consider relevant to this student's ability to succeed in a college setting?

6) Please attach all relevant assessment data (including clinical interview, results of psychological / psychiatric evaluation, and standardized test scores).

Signature: _____

Print Name and Title: _____

License # _____

Address: Agency Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Return this form to: Services for Students with Disabilities
Rider University
Vona Annex, Room 8
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